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SUBJECT: IAEA BUDGET: PROGRAM OF ACTION FOR CANCER THERAPY (PACT)
HIGH PRIORITY FUNDING NEEDS 2009-2011

REF: A) 08 UNVIE 539; B) 08 UNVIE 541; C) UNVIE 65

Summary and Action Request

¶1. (U) The IAEA's Program of Action for Cancer Therapy (PACT) expertise in radiotherapy to assist developing Member States to design comprehensive National Cancer Control Plans (NCCP). PACT looks to the U.S. as one of its main supporters and would welcome USG funding or cost-free expertise during its three year planning cycle for 2009-2011. To date, PACT has mobilized more than USD 22 million applied to cancer control efforts in developing countries and more than 40 IAEA Member States have requested imPACT reviews, the first stage in PACT's assessment of cancer incidence in a particular country. PACT has seven program/funding priorities ranging from conducting cancer-policy workshops, to providing equipment and creating regional cancer therapy networks. The U.S. is the leading state supporter of PACT, contributing USD 300,000 in seed money, USD 500,000 in 2006, and over USD 365,000 in cost-free experts from 2004-2006.

¶2. (U) In parallel with deliberations over the IAEA 2010-2011 regular budget, in which PACT would command enhanced but still modest funding, Mission requests guidance to respond to PACT 2009-2011 extrabudgetary funding priorities and staffing requests.

What has PACT achieved?

¶3. (U) For more than 30 years, the IAEA has worked with Member States to build diagnostic and therapeutic radiotherapy capacity. In 2004, responding to the World Health Organization's (WHO) call for action to address this issue, the IAEA established PACT with a mission to use the IAEA's expertise in radiotherapy to assist developing Member States to design comprehensive National Cancer Control Plans (NCCP). NCCPs address the entire cancer spectrum, from prevention to palliation, maximizing public health return from investments in radiotherapy and technology. PACT executes its mission through partnerships with the WHO, the International Agency for Cancer Research (IARC), International Union Against Cancer (UICC), International Network for Cancer Treatment and Research (INTCR), American Cancer Society (ACS), the American National Cancer Institute (NCI) and national cancer institutes in Argentina, Algeria, Brazil, Egypt, France, Morocco, Philippines, South Africa, Thailand, and the United States.

¶4. (U) Six PACT Model Demonstration Sites (PMDS) in Albania,

Nicaragua, Tanzania, Sri Lanka, Vietnam, Yemen, and Ghana have received long-term development loans from international organizations for cancer control after obtaining initial seed money from PACT. Donor states and organizations have endorsed PACT's partnership approach, which seeks to maximize public-private funding and expertise. To date, more than USD 22 million has been mobilized and applied to cancer control efforts in developing countries and more than 40 IAEA Member States have requested impACT reviews, the first stage in PACT's assessment of cancer incidence in a country. (NOTE: The U.S. was the leading member state in recognizing and supporting PACT, contributing USD 300,000 in seed money, USD 500,000 in 2006, and over USD 365,000 in cost-free experts from 2004-2006. END NOTE)

Programming/Funding Priorities

15. (U) PACT Director Massoud Samiei recently outlined to potential donors countries seven projects that PACT will focus on from 2009-2011:

-- The first project, to conduct two Policy-Level Cancer Awareness Seminars per year, is designed to raise awareness and broaden understanding among policy and decision-makers of the importance of national cancer control strategies, the fundamental role of radiotherapy, and its implications for developing national policies and strategies. The seminars are intended to produce plans of action for selected countries in the regions where the seminars are held and to improve their capacity for cancer treatment. The required funding for this project is \$240,000 per annum. For 2009 the seminars will be held in Africa and Asia.

-- The second project develops Baseline Data Collection Criteria, Outcome Indicators and Monitoring and Evaluation Methodology for PACT Model Demonstration Sites (PMDS). PMDS is ongoing in Albania, Nicaragua, Sri Lanka, Tanzania, Vietnam, and Yemen; under this project PACT would add another six countries. PMDS projects ensure that countries sustainably implement appropriate cancer therapy programs by anchoring such programs to comprehensive national cancer control plans and strategies. The main objective is to develop methodology, allowing PMDS initiatives to be objectively evaluated; a necessary first step in demonstrating success, especially to donors and host governments. Because such complex interagency cancer control efforts have never before been measured, new and adequate methodologies are required. PACT would work with the WHO under its joint cooperation agreement to ensure that evaluations of projects are conducted appropriately by medical experts. The required funding for this project is \$160,000 per annum. PACT wants to start immediately on the field research, country visits, analytical work, development of materials and reporting, and implementation of evaluations in up to 12 countries.

-- The third project for PACT's Regional Cancer Training Networks and establishment of a Virtual University for Cancer Control (VUCC), focuses on education and training of staff locally and regionally to advance cancer care capacity in countries. Through its public-private partnerships and close collaboration with the IAEA Program Office for Human Health (NAHU), PACT would like to create regional centers of excellence (the first one would be in Africa) and online learning tools. Required funding is USD 700,000 over three years, which includes field visits by external cancer training and educators, reporting, development of terms of reference for the establishment of Regional Cancer Training Networks, definition of VUCC content and IT requirements, development or adaptation of training material for distance learning for specialists involved in cancer diagnosis and treatment, support for the establishment of national radiation oncology and nuclear medicine graduate courses in up to 25 locations in Africa, Asia, and Latin America, and various consultancies and expert assignment during implementation of the project.

-- The fourth programming priority is to recruit a full-time Health Economist at the P-5 level. This expert would provide cancer economic studies and cost-effective analysis for cancer treatment including radio therapy programs. The PACT Program Office has developed a concrete plan to conduct such studies in support of PMDS

projects currently underway in Albania, Nicaragua, Sri Lanka, Tanzania, and Yemen. The required funding is USD 220,000 per annum. The appointment would be for 2-3 years starting in 2009.

-- The fifth programming priority is the recruitment of a Public Health Specialist with experience in non-communicable diseases, at the P-5 level. This expert would coordinate the recently signed WHO-IAEA Joint Program and assist with impACT Reviews (see para 6, below). The overall objective of the WHO-IAEA Joint Program is to strengthen the development and implementation of comprehensive national cancer control programs, including development of cancer therapy capacity, with special emphasis on low- and middle income countries. The required funding is USD 220,000 per annum. The appointment would be for two years starting in 2009.

-- The sixth project entails the purchase of a High Dose Rate (HDR) brachytherapy for PMDS Sri Lanka at the General Teaching Hospital (Cancer Unit) in Karapitiya, Galle (southwestern province). A critical short-term need for Sri Lanka is the installation of a new HDR machine and training of a radiotherapy technologist (RTT). Sri Lanka is one of the six PACT Model Demonstration Sites and this effort complements past and on-going IAEA radiotherapy investments with critically-needed development of capacity in cancer prevention, early detection, registration, palliation, and civic society activities. This project seeks to achieve the advancement of each component area of cancer control through better alignment of existing resource expenditure and augmentation of resources beyond those currently available. According to PACT, these efforts are especially important to Sri Lanka where cervical cancer accounts for 20 percent of female cancers, most with advanced cases at stage III and above. The required funding for purchase of the machine, installation and safety checks, and training of one radiotherapy technologist and one medical physicist for three months at the Tate Memorial Center in India is USD 450,000.

-- The seventh project is the establishment of a National Degree Program in Radiation Therapy at the PMDS in Vietnam. This project aims to kick-start the development of curriculum and training of domestic radiation oncologists and medical physicists. According to PACT, such an effort is critical in order to ensure that there is sufficient human resource capacity to effectively utilize the new technical equipment that will arrive in the country in the coming years, and is considered a high priority high-impact short term action. (NOTE: Australia is considering funding the training of 30 radiation therapy professionals and Austria is considering providing six radiotherapy machines through bilateral programs. END NOTE) The required funding is USD 200,000 per annum, with approximately USD 100,000 supporting the training of 15 medical professionals and the remainder used for degrees program development.

New Partnership on the Block

16. (U) The WHO-IAEA Joint Program on Cancer Control, recently signed by both agencies, is designed to strengthen the development and implementation of comprehensive national cancer control program (NCCPs), including the development of cancer therapy capacity, with special emphasis on low to middle income countries. The Joint Program's main areas of partnership are: 1) developing and enhancing cancer registration and planning capacity; 2) strengthening support to countries implementing measures to prevent cancer; 3) supporting establishment and evaluation of early detection programs to ensure timely diagnosis for curable cancers; 4) increasing access to treatment; 5) increasing effective pain management and palliative care; 6) promoting research and development; 7) building national capacity for managing and evaluation national cancer control programs; and 8) mobilizing resources. Initially, the Joint Program will focus on full implementation of the PMDS in Albania, Nicaragua, Sri Lanka, Tanzania, Yemen, and Vietnam. Depending on resource availability, further demonstration sites may be developed.

COMMENT

17. (U) PACT continues to be one of the strongest IAEA programs that

delivers results in an area of global human health importance. The model of public-private partnerships and proactive fundraising has been successful, and major donors, including the U.S., continue to call on the Agency to embrace the approach as a model for other parts of its operation. Mission recommends USG consideration of the PACT funding and staffing priorities for 2009-2011, specifically the staffing requests either on the basis of establishing a new position as PACT wants or as a CFE. On the project side, Mission recommends working with PACT to identify a new PMDS country, with possible on-going bilateral USG programs, which would dovetail nicely with a USG/PACT initiative. We would welcome advice from USAID regarding countries where such complementarities with U.S. programs might be achieved.

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